

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	AHR99	49	5/23/01
O.I.P.E. CLASSIFIER	JHG	946	07/03/01
FORMALITY REVIEW	Lm	927	08/30/01
RESPONSE FORMALITY REVIEW			

## INDEX OF CLAIMS

Rejected	N	Non-elected
Allowed	I	Interference
Canceled	A	Appeal
.....	.....	Objected
.....	O	

(Through numeral) .....

Claim	Date
Final Original	6/1/01
1	5/22/01
2	6/03/01
3	✓
4	✓
5	✓
6	✓
7	✓
8	✓
9	✓
10	✓
11	✓
12	✓
13	✓
14	✓
15	✓✓
16	✓✓
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18	✓✓
19	✓✓
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24	✓✓
25	✓✓
26	✓✓
27	✓✓
28	✓✓
29	✓✓
30	✓✓
31	N
32	N
33	✓✓
34	✓✓
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37	✓✓
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44	✓✓
45	✓✓
46	✓✓
47	✓✓
48	✓✓
49	✓✓
50	✓✓

Claim	Date
Final Original	51
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Claim	Date
Final Original	101
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

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573  
09-30-01